

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: SPA #03-28	2. STATE Kansas
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2003	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 438		7. FEDERAL BUDGET IMPACT: a. FFY      2003                      \$      0 b. FFY      2004                      \$      0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Section 1, Preprint Page 9  (This is a technical amendment and is being submitted to incorporate changes that were inadvertently left off in the original submission in SPA #03-08).		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Section 1, Preprint Page 9	
10. SUBJECT OF AMENDMENT: Managed Care			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Janet Schalansky – signature//		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: October 31, 2003			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: October 31, 2003		18. DATE APPROVED: December 15, 2003	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Division of Medicaid and Children's Health	
23. REMARKS:			

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Kansas

Citation  
42 CFR  
431.12(b)  
AT-78-90

1.4 State Medical Care Advisory Committee  
There is an advisory committee to the Medicaid  
agency director on health and medical care  
services established in accordance with and  
meeting all the requirements of 42 CFR 431.12.

42 CFR  
438.104

X

The State enrolls recipients in MCO, PIHP, PAHP,  
and/or PCCM programs. The State assures that it  
complies with 42 CFR 438.104(c) to consult  
with the Medical Care Advisory Committee  
in the review of marketing materials.

TN # #03-28  
Supersedes TN # #77-04

Effective Date August 1, 2003 October 1, 2003  
Approval Date December 15, 2003